



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED  
DHSS Breath Alcohol Program  
By Carol Day at 8:00 am, Mar 15, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

DATE OF INSPECTION

66-005000

03/05/10

LOCATION OF INSTRUMENT (STREET AND CITY)

TIME OF INSPECTION

13<sup>th</sup> and Pennsylvania, Kansas City, MO

2240

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 +/- .150) .304 Passed

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Passed

☒ CHARACTER DISPLAY TEST Passed

☒ PRINT TEST (PRINTOUT ATTACHED) Passed

☒ TIME AND DATE Passed

☒ CALIBRATION CHECK-

Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .99

TEST 2 101

TEST 3 101

☒ SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) Passed

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 3 0-04 0 .05-.09 1 .10-.14 2 .15-.19 1 Over .19 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Breath instrument tested and certified within Missouri Department of Health guidelines.

Guth Laboratories Inc., Lot #9270, Expires 09/23/10, 10 Solution

INSPECTING OFFICER

SIGNATURE

PRINT NAME

P.O. Dawn Minor, 4898

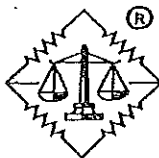
Dawn Minor

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

920030 02/18/11

816-482-8142



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09270 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1207 percent (w/vol) ethyl alcohol. The expiration date for this lot number is September 23, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

SN 66-005000  
E735.23  
INVALID TEST  
INHIBITED - RFI

03/05/2010  
22:57

SN 66-005000  
E735.23

03/05/2010  
22:39

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde

SOBRIETY CHECKPOINT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005000  
03/05/2010

TEST	%BAC	TIME
AIR BLANK	.000	22:52
CAL. CHECK	.099	22:53
AIR BLANK	.000	22:53
CAL. CHECK	.101	22:54
AIR BLANK	.000	22:54
CAL. CHECK	.101	22:54
AIR BLANK	.000	22:55

NO RFI PRESENT

SOBRIETY CHECKPOINT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005000  
03/05/2010

DIAGNOSTIC TEST 22:36

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
0123456789

SUBJECT NAME

LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.  
Form 123 P.D. (8-91)

SUBJECT NAME

LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.  
Form 123 P.D. (8-91)

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DAWN MINOR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/18/09  
Number 920030  
Expires 02/18/2011

MO 580-0771 (7-88)

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)